

DECLARATION FOR UTILITY OR

DESIGN

PATENT APPLICATION

(37 CFR 1.63)

A080 US

Browning

10/077,137

February 15, 2002

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

Attorney Docket Number

COMPLETE IF KNOWN

First Named Inventor

Application Number

Filing Date

	T 6 1	O	1 mmg = ===				1							
	Submitted OR	Declaration Submitted after Initia Filing (surcharge	Group Art Unit											
	with Initial Filing	(37 CFR 1.16 (e)) required)	Examiner Nam	e										
_							_							
	As a below named inventor, I hereby declare that:													
	My residence, mailing address, and	d citizenship are as stat	ed below next to my na	me.			Į							
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:													
	Baff Receptor (BCMA), An Immunoregulatory Agent													
	(Title of the Invention)													
	the specification of which													
	is attached hereto													
	OR as United States Application Number or PCT International was filed on (MM/DD/YYYY) February 15, 2002													
	(if applicable).													
	and was amerided on (MINIDD/1111)													
	i hereby state that I have reviewed amended by any amendment spe	d and understand the co cifically referred to abov	ontents of the above ide re.	entified specification	n, including the	e claims, as	١							
	I acknowledge the duty to disclose in-part applications, material infor PCT international filing date of the	e information which is m mation which became a e continuation-in-part ap	naterial to patentability a vailable between the fil plication.	as defined in 37 CF ing date of the prio	R 1.56, includi r application ar	ing for continuation- nd the national or								
	I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	international application also identified below	which designated at loby checking the box.	east one country of any foreign applic	ther than the U ation for pate	Jnited States of nt or inventors								
	Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified C YES	opy Attached? NO								
	PCT/US00/22507	РСТ	08/16/2000				٦							
	101/0000/2250/	PCI	08/10/2000			H								
							ı							
	Additional families and like the surplus and like the surplus and the proof DTO(SP/N2P attacked by a start of the start of													
_	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto: I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.													
	Application Number(s) Filing Date (MM/DD/YYYY)													
_	60/149,378	08	717/1999		al provisional a									
	60/181,684	02	Z/11/2000	supplem	ental priority d	lata sheet	ļ							
	60/183,536	02	2/18/2000	PTO/SB	/02B attached	hereto.								

[Page 1 of 2]

Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label		OR X Com	respondence address below								
Name Timothy P. Linkkila											
Address BIOGEN, INC.											
Address 14 Cambridge Center											
City Cambridge	State	MA zı	P 02142								
Country USA Telephone (617) 679-3795 Fax (617) 679-2838											
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:	☐ A petitio	n has been filed	for this unsigned inventor								
Given Name Browning Family Name Jeffrey or Surname											
Inventor's Signature Date											
Residence: City Brookline St	tate MA C	ountry 02146	US Citizenship								
Mailing Address 32 Milton Road											
Mailing Address			• •								
City Brookline MA State	ZIP	02146	US Country								
NAME OF SECOND INVENTOR:	☐ A petition	on has been filed	d for this unsigned inventor								
Given Name Ambrose (first and middle [if any])	Family N		Christine								
Inventor's Chasta Christians			Date 4/29/0 Z								
Residence: City Reading State MA Country US Citizenship US											
Mailing Address 197 Wakefield Street											
Mailing Address											
City Reading State MA	ZIP	01867	Country								
		tor(s) sheet(s) PTO	/SB/02A attached hereto.								

JUL 2 0 2005 A PADEMAN a plus sign (+) inside this box ->

PTC/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		_										
Name of Addition	ame of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor											
Given Nam	ne (first and middle [if any])				Family Name or Surname							
MacKay					Fabienne							
Inventor's Signature									D	ate		
Residence: City	Vaucluse	State	NSV	N .	Cou	intry	AU		Citiz	enship		AU
Post Office Address 1 Belah Gardens											_	
Post Office Address												
City	Vaucluse	State	NS	w	z	IP	2030	Count	ту		AU	
Name of Additional Joint Inventor, if any:										nsigned	inve	ntor
Given Name (first and middle [if any]) Family Name or Surname												
			Jui	rg								
Inventor's Signature			,		·		•			Date		
Residence: City	Epalinges	State			Co	untry	СН		<u> </u>	itizensi	nip	СН
Post Office Address	10 chemin des Fontann	nins										
Post Office Address												
City	Epalinges	State				ZIP	Ch-1066	Co	ountry		(CH
Name of Additio	nal Joint Inventor, if an	y:		(□ A	petitio	n has been f	iled for	this u	ınsigne	d inv	entor
Given Na	ame (first and middle [if any])					Family N	lame o	r Sum	name		
	Schneider							Pasca	al	•		
Inventor's Signature										Date		
Residence: City	Residence: City Epalinges State							<u> </u>		Citizens	shlp	СН
Post Office Address	Post Office Address											
Post Office Address												
City	Epalinges	State				ZIP	Ch-106	6	Cou	intry		СН

HUL 2 0 2005 Please a plus sign (+) inside this box ->

PTC/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of knformation unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

Name of Addition	al Joint Inventor, if any:				Αp	etition	has been filed	for th	is unsign	ed inven	tor
	ne (first and middle [if any])	Family Name or Surname									
Thompson				Jeffrey							
Inventor's Signature	Yell XI Typson						4/29/ Date	02			
Residence: City	Stoneham	M	`	Country 02180 Cit			Citizens	hip	US		
Post Office Address 60 Newcomb Road											
Post Office Address											
City	Stoneham	State	M	A	Zi	Р	02180	Count	гу	0218)
Name of Addition	nal Joint Inventor, if any			. \square] A [petition	has been file	d for t	his unsig	ned inve	ntor
Given Name (first and middle [if any]) Family Name or Surname											
Inventor's Signature									D	ate	
Residence: City		State			Co	untry			Citiz	enship	
Post Office Address											
Post Office Address											
City		State				ZIP		Co	untry		
Name of Addition	onal Joint Inventor, if an	y:		Е] A	petitic	n has been fi	led for	this unsi	gned inv	entor
Given N	ame (first and middle [if any])		Ţ			Family N	ame o	r Suman	ne	
Inventor's Signature Date									Date		
Residence: City State Country									Citi	zenship	
Post Office Address											
Post Office Address											
City		State				ZIP			Country	y	

RADEMAN Under ase type a plus sign (+) inside this box → 🛨

required)

PTO/SB/01 (10-00)
Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

			Attorney Docket Number	r A080 US		
	ON F	OR UTILITY OR	First Named Inventor	Browning		
		PLICATION	COMPLETE IF KNOWN			
		R 1.63)	Application Number	10/077,137		
_		_	Filing Date	February 15, 2002		
☐ Declaration Submitted	OR	Declaration Submitted after Initial	Group Art Unit			
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e))	Examiner Name			

As a below named inventor, I he	reby dec	lare that:										
My residence, mailing address, and	d citizens	hip are as stat	ed below next to my na	me.								
I believe I am the original, first and names are listed below) of the sub	sole inve ject matte	entor (if only on er which is clai	ne name is listed below med and for which a pa) or an original, first stent is sought on th	and joint inventor (if plural ne invention entitled:							
Baff Receptor (BCMA), An I	mmuno	regulatory Ag	gent									
		(7	itle of the Invention)									
the specification of which												
is attached hereto												
OR as United States Application Number or PCT International												
was filed on (MM/DD/YYYY) February 15, 2002 (if applicable).												
Application Number 10/077,137 and was amended on (MM/DD/YYYY)												
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.												
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.												
I hereby claim foreign priority ber certificate, or 365(a) of any PCT America, listed below and have certificate, or any PCT internation	nternatio	nal application	which designated at line box.	east one country of any foreign applic	ther than the United States of ation for patent or inventors							
Prior Foreign Application Number(s)	. (Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
 PCT/US00/22507	-	PCT	08/16/2000									
 ☐ Additional foreign application	numbers	are listed on a	supplemental priority	data sheet PTO/SB	/02B attached hereto:							
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.												
Application Number(s) Filing Date (MM/DD/YYYY)												
60/149,378		- 08	/17/1999		al provisional application							
60/181,684		02	/11/2000		ental priority data sheet							
60/183,536		02	/18/2000	PTO/SB	/02B attached hereto.							



Piease type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

I litert all correspondence to:	stomer Numb Bar Code Lab				OR 🗷	Correspondence add	ress below				
Name Timothy P. Link	kila										
Address BIOGEN, INC.											
Address 14 Cambridge Cente	r		=··			_					
City Cambridge				State	MA	ZIP 02142					
Country	Te	(617) 679-3	795	Fax (617) 679	2-2838					
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:											
Given Name Browning Family Name Jeffrey (first and middle [if any]) or Surname											
Inventor's Signature Date											
Residence: City Brookl	line		State	МА	Country 0214	Citizenship	US				
Mailing Address 32 Milton R	load										
Mailing Address											
City Brookline	State	MA		ZIP	02146	Country	US				
NAME OF SECOND INVENTOR:				A pet	ition has been	filed for this unsig	gned inventor				
Given Name Ambrose (first and middle [if any])				Family or Sur	/ Name name	Christine					
Inventor's Signature						Date					
Residence: City Reading State MA Country US Citizenship US											
Mailing Address 197 Wakefield Str	107 Wakafield Street										
Mailing Address											
City Reading	State	MA		ZIP	01867	Country	US				
Additional inventors are being named	on thes	suppleme	ental Additi	onal Inv	entor(s) sheet(s) l	PTO/SB/02A attached	hereto.				

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0551-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		_		-						
Name of Addition	ai Joint Inventor, if any	/ :			A petition	has been filed	for this	unsigne	inve	ntor
Given Nan	ne (first and middle [if any])			Family Name or Sumame						
MacKay			_	Fabienne						
Inventor's Signature	F. Mac.				0	4 / 31 200 Date	٤			
Residence: City	Vaucluse	v .	Country	AU		Citizenshi	р	AU		
Post Office Address	1 Belah Gardens									
Post Office Address										
City	Vaucluse	State	NS	w	ZIP	2030	Country		AU	
Name of Additional Joint Inventor, if any:										ntor
Given Na	me (first and middle [if any])	Family Name or Sumame								
·	Tschopp						Jurg			
Inventor's Signature								Date		
Residence: City	Epalinges	State			Country	СН		Citizen	ship	СН
Post Office Address	10 chemin des Fontani	nins								
Post Office Address			,							
City	Epalinges	State			ZIP	Ch-1066	Coun	try		СН
Name of Additio	nal Joint Inventor, if an	ıy:			A petition	on has been fil	ed for th	is unsign	ed inv	entor
Given Na	me (first and middle [if any]])				Family Na	ame or S	Sumame		
	Schneider						Pascal			
Inventor's Signature						Dar	te			
Residence: City	Epalinges		Country	СН		Citize	nship	СН		
Post Office Address										
Post Office Address										
City	Epalinges	Epalinges State ZIP Ch-1066 Country CH								СН

Please type a D sign (+) inside this box ->

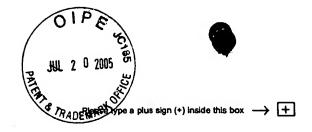
PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		_															
Name of Addition	al Joint Inventor, if any	:			A petition	has been filed	for this	s unsigned	inve	ntor							
Given Nan	ne (first and middle [if any])			Family Name or Sumame													
Thompson						Je	ffrey										
Inventor's Signature					Date												
Residence: City	Stoneham	State	MA		ountry	02180 cm		Citizenshi	<u> </u>	US							
Post Office Address	60 Newcomb Road	0 Newcomb Road															
Post Office Address																	
City	Stoneham	State	M.	A	ZIP	02180	Country	,	0218	0							
Name of Addition	nal Joint Inventor, if any	/ :			A petitio	n has been file	d for th	is unsigne	d inve	entor							
Given Na	me (first and middle [if any])					Family Nar	ne or S	Sumame									
										,							
Inventor's Signature								Date									
Residence: City		State			Country		_	Citizens	ship								
Post Office Address						· · · · · ·											
Post Office Address			_														
City	·	State		•	ZIP		Cour	ntry									
Name of Additio	nal Joint Inventor, if an	y:			A petitio	n has been file	ed for the	nis unsigno	ed inv	entor							
Given Na	ame (first and middle [if any])				Family Na	me or	Sumame									
									<u> </u>								
Inventor's Signature																	
Residence: City	: City State Country Citizenship								-								
Post Office Address				<u>.</u>													
Post Office Address	Post Office Address																
City		State			ZIP			State ZIP Country									



PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

			Attorney Docket Number	A080 US			
	ON F DESI	OR UTILITY OR	First Named Inventor	Browning			
		PLICATION	COMPLETE IF KNOWN				
		R 1.63)	Application Number	10/077,137			
		_	Filing Date	February 15, 2002			
Submitted	Declaration Submitted OR with Initial Filing	Declaration Submitted after Initial	I Group Art Unit				
***************************************		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name				

As a below named inventor, I hereby declare that:											
My residence, mailing address, and	l citizenship are as state	ed below next to my nar	ne.								
I believe I am the original, first and names are listed below) of the subj	sole inventor (if only on ect matter which is clair	e name is listed below) ned and for which a pat	or an original, first ent is sought on th	and joint inventor (if plural e invention entitled:							
Baff Receptor (BCMA), An II	nmunoregulatory Ag	ent									
	(Ti	itle of the Invention)									
the specification of which	•	·		•							
is attached hereto											
OR			tates Application N	lumber or PCT International							
was filed on (MM/DD/YYYY)	February 15, 20	002		(if applicable)							
Application Number 10/077,137 and was amended on (MM/DD/YYYY) (if applicable).											
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.											
in-part applications, material inform	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
I hereby claim foreign priority ben certificate, or 365(a) of any PCT i America, listed below and have certificate, or any PCT internations	nternational application also identified below.	which designated at le	east one country of any foreign applic	her than the United States of ation for patent or inventor's							
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO							
PCT/US00/22507	PCT	08/16/2000									
1 01/0300/22307	PCI	08/10/2000									
☐ Additional foreign application	numbers are listed on a	supplemental priority of	lata sheet PTO/SB	/02B attached hereto:							
I hereby daim the benefit under	I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.										
Application Number(s) Filing Date (MM/DD/YYYY)											
60/149,378 08/17/1999 Additional provisional application numbers are listed on a											
60/181,684 02/11/2000 supplemental priority data sheet											
60/183,536	02	/18/2000	PTO/SB	/02B attached hereto.							



Please type a plus sign (+) inside this box

+

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Urea all correctorated to a second	omer Number ar Code Label			OR X C	Correspondence add	ress below					
Name Timothy P. Linkkila											
Address BIOGEN, INC.											
Address 14 Cambridge Center			, -								
City Cambridge			State	MA	ZIP 02142						
Country USA Telephone (617) 679-3795 (617) 679-2838											
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
NAME OF SOLE OR FIRST INVENTOR:											
Given Name Browning Family Name Jeffrey (first and middle [if any]) or Surname											
Inventor's Signature Date											
Residence: City Brooklin	ne	State	MA	Country 0214	6 Citizenship	US					
Mailing Address 32 Milton Ro	ad	<u> </u>									
Mailing Address											
City Brookline s	MA state		ZIP	02146	Country	US					
NAME OF SECOND INVENTOR:			A petit	ion has been t	filed for this unsig	gned inventor					
Given Name Ambrose (first and middle [if any])			Family or Sum		Christine						
Inventor's Signature					Date						
Residence: City Reading State MA Country US Citizenship US											
Mailing Address 197 Wakefield Street											
Mailing Address											
City Reading	MA State		ZIP	01867	Country	US					
Additional inventors are being named of	on thesupplen	nental Additi	onal Inve	ntor(s) sheet(s) P	TO/SB/02A attache	d hereto.					

a plus sign (+) inside this box →

PTC/SB/02A (3-97)
sign (+) inside this box → + Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

										-		
Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any])					Family Name or Sumame							
MacKay					Fabienne							
Inventor's Signature							D	Date				
Residence: City	Vaucluse	State	NSW		Country			Citizenship			AU	
Post Office Address	1 Belah Gardens											
Post Office Address												
City	Vaucluse	State	NS	w	ZIP		2030	Coun	ntry		AU	
Name of Additional Joint Inventor, if any:												
Given Name (first and middle [if any])						Family Name or Sumame						
	Tschopp					Jurg						
Inventor's Signature	1.1.00	1.1.colyps								Date Huy 1"		2003 Huy 14
Residence: City	Epalinges	State			Country		СН			Citizenship		СН
Post Office Address	10 chemin des Fontannins											
Post Office Address	5							-				
City	Epalinges	State				ZIP	Ch-1066	C	Country		СН	
Name of Additional Joint Inventor, If any: A petition has been filed for this unsigned inventor										entor		
Given Name (first and middle [if any])						Family N	Family Name or Surname					
Schneider					Pascal							
inventor's Signature	P. Johnes	P. Johneid								Date		Nayl 2002
Residence: City	Epalinges	State			Country		CH	СН		Citizenship		СН
Post Office Addres	8											- -
Post Office Address	56											
City	Epalinges	State			ZIP Ch-1066 Count			intry	СН			

plus sign (+) inside this box -> RADEMARK

PTO/SB/02A (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a

valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page ___ of ___

		1										
Name of Addition			A petition has been filed for this unsigned inventor Family Name or Surname							tor		
Given Name (first and middle [if any]) Thompson					Jeffrey							
		Jenney						\top				
Inventor's Signature						,			Date			
Residence: City	Stoneham	State	MA		Country	_	02180		tizenship		US	
Post Office Address	60 Newcomb Road											
Post Office Address		1 1					· · ·					
City	Stoneham	State	M	A	ZIP	C	02180 Count		0218)	
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor										ntor		
Given Na	me (first and middle [if any])					·	Family Nam	ne or Su	ımame			
	:		-									
Inventor's Signature			ı <u> </u>			_			Date			
Residence: City		State			Countr	у		·	Citizen	ship		
Post Office Address												
Post Office Address	3							ı——				
City		State			ZII	-		Coun	try	у		
Name of Addition	onal Joint Inventor, if an	y:] A pet	ition	has been file	d for thi	is unsign	ed inv	entor	
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature		,				_			Da	te		
Residence: City		State			Coun	ntry		Citize	Citizenship			
Post Office Addres	8											
Post Office Addres	8											
City		State		_	Z	ΊΡ			Country		,	